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David Coburn

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Medicine / Médecine

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This book is an introductory textbook in the sociology of health for Canadian undergraduates. It has obviously proven popular as the present edition is the fourth. The sociology of health postulates that health, disease and illness and the reaction to these cannot adequately be explained or understood through genetics or biology. Nor can health care be explained as simply a direct consequence of what we “scientifically” know about health and illness. The questions of why some people become ill and others do not, why some groups or nations have better health than others, or how different groups or societies deal with health and illness are distinctively social in nature. Certainly, huge topics today are why health and longevity vary amongst socio-economic and class groups and amongst nations and what kinds of political, social and economic arrangements can best treat disease and illness once these have appeared.

Today, conventionally, the area of the sociology of health is broken up into the social determinants or correlates of health phenomena, the individual subjective reaction to health or illness events and what societies or groups tend to do about health and illness. *Health, Illness, and Medicine in Canada* follows this convention in presenting a comprehensive picture of the sociology in the health area.

The book is divided into three sections: sociological perspectives, sociology of health and illness and the sociology of medicine. The latter two approaches examine health and illness in the broader social context and then the role and nature of health care in relationship to health. The textbook thus ranges from presenting and discussing the distribution of disease and death and their socio-economic correlates or causes to focusing on the “health care industry.”

The topics covered are approached through the lens of four theoretical perspectives: structural functionalism, conflict theory, symbolic interactionist approaches and feminist theory, associated with corresponding philosophy of sciences (structural functionalism with positivism, the remainder as per their titles). It is argued that sociology is a multi-paradigm discipline and no one approach is adequate for all purposes. The first and shortest section describes the theoretical and methodological underpinnings of the four approaches used.

The next section, devoted to the sociology of health and illness, consists of five chapters, most of these “from a positivist perspective” although a chapter uses symbolic interactionism (ch. 8). These describe the distribution of health and disease in Canada and how this distribution is associated with various demographic and social factors or variables (e.g., gender, age, social class). The third part, the sociology of medicine, covers the social construction of medical knowledge, medicalization, health care systems, the various orthodox and unorthodox healing occupations and professions and “the medical industrial complex” (ch. 16).

The various chapters include a large number of figures, tables and boxes presenting data, describing concepts or providing illustrations or examples of the textual material. Each of the chapters begins with a number of learning objectives and ends with questions for study and discussion and suggested readings.

The comprehensiveness of the text is impressive. That is, the text includes material on almost anything one can think about in the health area. Although the four approaches are not used to tackle every topic, some are obviously considered more suitable for some areas than for others. Because it is a general introduction, however, there are naturally many specific areas with which specialists in these might want more detail or might disagree about what is important. That is, each sub-area has its own major or competing explanations or theories. Most of the topics covered, and the theoretical approaches used to understand or explain these require further explication for a full understanding of these areas—as noted this text is an introductory one.

The comprehensiveness of the text is both an asset and a problem. The approach is inclusive—something to be desired when teaching a new topic to students who are not necessarily specialists in the basic discipline. But, one could also imagine another way of explaining sociological perspectives in the area. One might, for example, focus more on some of the basic principles of various sociological perspectives and illustrate these with fewer concrete examples. That is, some might prefer a more in-depth and illustrative rather than a comprehensive approach.

This would result perhaps in a better understanding of the essence of sociological analytical approaches, leaving it to the reader to apply these across a variety of substantive areas. The main discussion point between being comprehensive or focusing on principles might be: Are the principles, or the substantive content regarding specific areas, the most important to get across to undergraduate students?

The four approaches taken also are often used in such texts, although quite clearly they are all not at the same level of generality. These four approaches although frequently used, are beginning to appear a bit dated. Certainly discussions in sociology now feature more prominently post-modernist or Foucauldian approaches, and, most recently, critical realism. Michel Foucault is well-represented in the health area hence probably deserves a more prominent place in a text. Similarly, regarding the philosophy of science underpinnings of various theoretical approaches perhaps a positivist, subjectivist, critical realist division might enable the major differences to be explored. However, these are questions which I am sure will be taken up in the next edition of this long-running textbook. The text has evidently been proven in practice.

Overall, the book is aimed at an undergraduate audience with little sociological background and could be profitably read by those in other academic disciplines or even those in the health disciplines without much further preparation. As such it provides a broad survey of topics in the sociology of health at least some of which should interest a wide variety of readers.

One final point—I noticed one of the information charts with a critical error. In describing total national expenditures on health as a percentage of gross domestic product for Canada, the United States, and the Organization for Economic Co-operation and Development average the data for Canada and the United States has been reversed such that the former appears to spend more than the later—not the case as the original chart from the Commission on the Future of Health Care in Canada (the Romanow Commission) indicates. Considering the contentious nature of health care debates, this error needs correction.

DAVID COBURN
University of Toronto